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RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

JOSE RUVALCABA,

Plaintiff,

vs.

BEN CURRY, WARDEN,

Defendant.

CV

08

2483

CASE NO. _____

CRB (PR)
PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

I, JOSE RUVALCABA, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ___ No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: _____ Net: _____

Employer: _____

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 _____
 5 _____
 6 _____

7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

- 9 a. Business, Profession or Yes ____ No X
 10 self employment
 11 b. Income from stocks, bonds, Yes ____ No X
 12 or royalties?
 13 c. Rent payments? Yes ____ No X
 14 d. Pensions, annuities, or Yes ____ No X
 15 life insurance payments?
 16 e. Federal or State welfare payments, Yes ____ No X
 17 Social Security or other govern-
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 _____
 22 _____

23 3. Are you married? Yes ____ No X

24 Spouse's Full Name: _____

25 Spouse's Place of Employment: _____

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ _____ Net \$ _____

28 4. a. List amount you contribute to your spouse's support: \$ _____

1 b. List the persons other than your spouse who are dependent upon you for
 2 support and indicate how much you contribute toward their support. (NOTE:
 3 For minor children, list only their initials and ages. DO NOT INCLUDE
 4 THEIR NAMES.).

5 _____
 6 _____

7 5. Do you own or are you buying a home? Yes ____ No X

8 Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

9 6. Do you own an automobile? Yes ____ No X

10 Make _____ Year _____ Model _____

11 Is it financed? Yes ____ No ____ If so, Total due: \$ _____

12 Monthly Payment: \$ _____

13 7. Do you have a bank account? Yes ____ No X (Do not include account numbers.)

14 Name(s) and address(es) of bank: _____

15 _____

16 Present balance(s): \$ _____

17 Do you own any cash? Yes ____ No X Amount: \$ _____

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated
 19 market value.) Yes ____ No X

20 _____

21 8. What are your monthly expenses? N/A

22 Rent: \$ _____ Utilities: _____

23 Food: \$ _____ Clothing: _____

24 Charge Accounts:

25 Name of Account Monthly Payment Total Owed on This Acct.

26 _____ \$ _____ \$ _____

27 _____ \$ _____ \$ _____

28 _____ \$ _____ \$ _____

1 9. Do you have any other debts? (List current obligations, indicating amounts and to
2 whom they are payable. Do not include account numbers.)

3 NONE.
4 _____

5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes ___ No X

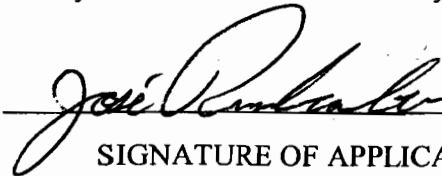
7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.
9 _____
10 _____

11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.

15
16 05-23-08

17 DATE

18
19
20
21
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24
25
26
27
28


SIGNATURE OF APPLICANT

Case Number: _____

CERTIFICATE OF FUNDS

IN

PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of JOSE RUVALCABA for the last six months
[prisoner name]
CTF-SOLEDAD where (s)he is confined.
[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ _____ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ _____.

Dated: _____

[Authorized officer of the institution]

Case Number: _____

CERTIFICATE OF FUNDS

IN

PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of

Ruvalcaba, Jose for the last six months at
[prisoner name]

CTF- Soledad where (s)he is confined.
[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 45.00 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 38.26.

Dated: 6-18-08

Uplanda Chavez
Authorized officer of the institution
Accountant / Specialist

Correctional Training Facility
P. O. Box 688
(5 Miles N of Soledad on US 101)
Soledad, California 95220
ATTN: Trust Office



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.

ATTEST: 6/18/08
CALIFORNIA DEPARTMENT OF CORRECTIONS

BY Uplanda Chavez
TRUST OFFICE
Accountant / Specialist

REPORT ID: TS3030 .701

REPORT DATE: 06/18/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
CTF SOLEDAD/TRUST ACCOUNTING
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JAN. 19, 2008 THRU JUN. 18, 2008

ACCOUNT NUMBER : H21975
ACCOUNT NAME : RUVALCABA, JOSE
PRIVILEGE GROUP: A
BED/CELL NUMBER: CFFWT2000000211L
ACCOUNT TYPE: I

TRUST ACCOUNT ACTIVITY

| TRAN DATE CODE | DESCRIPTION | COMMENT | CHECK NUM | DEPOSITS | WITHDRAWALS | BALANCE |
|-------------------|-------------------|----------------------|-----------|----------|-------------|---------|
| 01/19/2008 | BEGINNING BALANCE | | | | | 50.00 |
| 01/22 FC01 | DRAW-FAC 1 | 2296 ML | | | 50.00 | 0.00 |
| 03/18 D300 | CASH DEPOSIT | 3034 68401 | | 60.00 | | 60.00 |
| 03/24 FC01 | DRAW-FAC 1 | 3080 ML | | | 20.00 | 40.00 |
| 04/04 W415 | CASH WITHDRAW | 3206 MAR08 203438814 | | | 36.88 | 3.12 |
| 04/15 D300 | CASH DEPOSIT | 3377 66783 | | 60.00 | | 63.12 |
| 04/21 FC01 | DRAW-FAC 1 | 3448 ML | | | 35.00 | 28.12 |
| 05/08 W534 | MEDICAL CHARG | 3696 ARCH | | | 10.50 | 17.62 |
| 05/15 D300 | CASH DEPOSIT | 3790 70361 | | 150.00 | | 167.62 |
| 05/23 W512 | LEGAL POSTAGE | 3922 LPOST | | | 4.80 | 162.82 |
| 05/27 FC01 | DRAW-FAC 1 | 3935 ML | | | 60.00 | 102.82 |
| 06/11 FC01 | DRAW-FAC 1 | 4162 ML | | | 50.00 | 52.82 |

TRUST ACCOUNT SUMMARY

| BEGINNING BALANCE | TOTAL DEPOSITS | TOTAL WITHDRAWALS | CURRENT BALANCE | HOLDS BALANCE | TRANSACTIONS TO BE POSTED |
|----------------------|-------------------|----------------------|--------------------|------------------|------------------------------|
| 50.00 | 270.00 | 267.18 | 52.82 | 0.00 | 0.00 |

CURRENT
AVAILABLE
BALANCE

Correctional Training Facility
P. O. Box 688
18 Miles N of Soledad on US 101
Soledad, California 95068
ATTN: Trust office



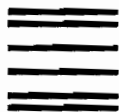
THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.

ATTEST: 5/18/08

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY Yolanda Chong

TRUST OFFICE Accountant / Specialist



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 12615 WASHINGTON DC

POSTAGE WILL BE PAID BY UNITED STATES COURTS

US DISTRICT COURT
450 GOLDEN GATE AVE
PO BOX 36060
SAN FRANCISCO CA 94102-9680

